Little Boys Who Behave as Girls

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This paper is designed to serve as a brief introductory statement to physicians in California regarding an ongoing research project* on femininely-behaving young boys.[1] Part of the success of this study will depend on its awareness by physicians in order that appropriate referrals be made. Medical attention to such behavior has rarely been given in the past. Parents of prepubertal boys showing the feminine behavior to be described below have usually been reassured that there is nothing to worry about at such a young age. One purpose of this interim report is to alert our medical colleagues to the nature of our study in the hope they will refer patients for appraisal and, if necessary, treatment.

Background

When do children begin to think of themselves as boys or girls?

Children's labeling of themselves as "boy" and "girl" occurs late in the second year. More than 50 percent of two and a half year olds do not correctly answer the question: "Are you a boy or a girl?" However, when they have reached three years of age two-thirds to three-fourths do give the correct response. But, at this age, correct self-labeling does not imply correct self-classification. It may be non-specific, like the name Johnny, or "I'm a boy, Daddy is a boy, Mommy is a boy."[2] Rabban[3] showed mother, father, boy and girl dolls to three-year-old children. Two-thirds replied correctly to the questions, first "Which doll looks most like you?" and then "Is it a boy or a girl?" By four years almost all answered correctly. By four, children tend to label gender by some general physical criteria—for example, clothing and hair style. These findings suggest children learn gender self-labeling by two to three years of age and by four to five correctly label others.

As a part of our study we investigated the childhood behavior of adults with anomalous sexual and gender behavior by direct interviewing and by review of pertinent literature.

Adult male homosexuals

Bieber[4] has reported on psychoanalytically-obtained data on 106 adult male homosexuals and compared them with 100 heterosexuals.

From descriptions of boyhood experiences obtained from the patients they reported these salient features:

- Excessively fearful of physical injury (true for 75 of the homosexuals against 46 of the heterosexuals).
- Played predominantly with girls (true for 33 homosexuals, 10 heterosexuals).
- Participated in competitive group games (17 homosexuals, 63 heterosexuals).

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Adult male and female transsexuals (those who want to change sex)

Tables 1 and 2 give data on four aspects of childhood behavior of 30 male and 11 female transsexuals who contacted the UCLA Gender Identity Clinic during the past year. The males requested medical and surgical procedures to become women and the females requested conversion to male status. The four aspects are (1) self-concept, that is, whether as a child the person considered himself to be a boy or a girl, (2) preference for childhood playthings usually associated with boyhood or girlhood play, (3) childhood preference for the clothing usually worn by girls or boys, and (4) playmate preference, that is, whether for girls or boys. Of the males more than half did not, as children, unequivocally consider themselves to be male, two-thirds preferred the playthings of girls, nearly half preferred dressing as a girl and more than half preferred girls as playmates, with only one preferring boys. More than half of the females did not unequivocally consider themselves to be female, all preferred the playthings of boys, three-fourths preferred dressing as a boy and none had a preference for playmates of their own sex.

Advantages of studying children directly

For theoretical research and for treatment there are considerable disadvantages in working with adult homosexuals and transsexuals. The therapist-researcher deals with childhood experiences indirectly—that is, with what the adult remembers. He frequently does not see and talk with the persons who have had a compelling influence in the shaping of the patient's personality, the parents. If he does interview the parents, there remains the handicap of not knowing what the family situation was like decades ago. At present our therapeutic knowledge is severely limited. There have been no published reports of successful treatment of transsexualism during adulthood (if by successful we mean reorientation of gender identity). Success with homosexuals has been more often reported but is by no means a regular occurrence. Hence the present research focussed on children with behavior similar to that retrospectively described by adults with anomalies of gender and sexual behavior.

TABLE 1.—*Factors in Childhood Behavior of Males Requesting Sex Change*

	Childhood History		
	Male	*Male & Female Equally*	*Female*
Self-concept	13	8	9
Playthings	4	6	20
Clothing Preference	11	4	14
Playmate Preference	1	12	17

TABLE 2.—*Factors in Childhood Behavior of Females Requesting Sex Change*

	Childhood History		
	Male	*Male & Female Equally*	*Female*
Self-concept	4	2	5
Playthings	11	0	0
Clothing Preference	8	1	2
Playmate Preference	5	6	0

Behavior of Feminine Boys

The behavior of feminine boys is quite similar case to case. The following material are descriptions of three young boys as given by their parents, the mother primarily.

Case 1 (Patient four years old)

Mother: Well, he's had interests more as a girl than a boy and when he was younger we didn't worry about it because I thought he'd grow out of it, but he's gotten more so than ever before and he just loves to dress up in girls' things and he just has girls to play with; he doesn't have any boys.

Father: He has gestures that even my daughter doesn't have.

Mother: He wants to be a girl but he knows it's the wrong thing to say and so he'll change it and says he wants to be a boy, but really and truly I think he wants to be a girl. He just seems envious of all the things that our little girl might do, dresses that she might have, and says "oh, isn't that beautiful"; and he would love to dress up in her clothes. We don't let him but he does take things like blankets and ties them around his head. If I don't do it right when I tie it on for him, he has to have it just the way that he thinks it ought to be, and he gets very upset if I don't do it that way. A year ago it didn't bother me because I thought he would outgrow it. But he hasn't outgrown it. I brought this brochure from his school that they had made out on his progress

and it says that he plays with dolls and likes to dress up at school.

Doctor: So you say for about a year now you've had some concerns. Looking back, how far back could one see something unusual in his behavior?

Father: I think it was mostly last year. Since about three years.

Doctor: What do you suppose was the earliest indication of effeminacy in him?

Mother: He always wanted to wear my scarfs and put them around his head and he liked to run around and see it flowing, and dance with it.

Father: He acted like our daughter—very cute and always looking in the mirror.

Doctor: When did he first begin putting the scarf about his head?

Mother: That was two—even younger than that. I know when he was very little, just starting to walk around, he used to take my dish-towels and put them around his neck and walk around with them around his neck.

Doctor: How old was he?

Mother: About a year.

Doctor: Has he had any interest in your shoes, your high heeled shoes?

Mother: Yes. He liked to put them on and he would love to wear my daughter's shoes.

Doctor: Does he play house, mother and father games?

Mother: When he plays with a little girl.

Doctor: And what role does he generally take?

Mother: The female role; he takes the sister I think. A friend of mine told me the other day she was worried about him because he said, "I want to be a girl."

Doctor: When was the first time he said he would like to grow up to be a girl or wish that he were a girl?

Mother: Maybe during the past year.

Doctor: Can you recall precisely what words he uses?

Mother: "I wish I were a girl."

Doctor: Does he ever say "I am a girl?"

Father: I think he might have said that.

Mother: Yes, if he dresses up, he'll say, "I'm a girl."

Case 2 (Patient six years old)

Mother: For the first part of my boy's life he spent most of the time with my daughter and me. My husband wasn't home very often. So, when he'd walk around in those high heels, I didn't get too upset about it, but my husband did. Lately, he has no friends; all his friends have been girls. And my husband gave him a bunch of old clothes of his to wear, and his old shoes—but he wasn't having any. And they all had their "Barbie" dolls and he used to . . . in fact, when my daughter was in school, he would play with her "Barbie" doll and we had constant fights about that, so we bought him a "Ken" doll but he didn't like the "Ken" doll. And we bought him "G.I. Joe" and we bought him "Matt Mason" and he wasn't interested in those. He wanted my daughter's dolls which had magnificent clothes; and they had the whole "Barbie" house and everything. Then there was the time he tucked his penis between his legs . . . they were walking around naked, right? And he said, "I'm just like my sister." And you (husband) looked at him really queer and you said, "What's the matter with you? Would you rather be a girl or something?"

Doctor: What did he say?

Mother: "Yes."

Father: He said, "Yes."

Case 3 (Patient five years old)

Mother: Anyway, where this was most marked was in nursery school last year when he was four. He did a tremendous amount of playing house and dressing up. That was without any shadow of a doubt his favorite thing to do in nursery—dress up and play in the house. He always dressed up like a lady and whenever I came to get him I would see him in these elaborate outfits, and my heart would really sink. That's when it really began to bother me—in the year between four and five, and I did express concern to his nursery school teacher, who at that point told me I should investigate why it was bothering me. That it was my bag. Then this year in kindergarten he also still enjoys going into the play house; he just is invariably the mother. They have begun telling him he has to be the father. And at kindergarten conference they said he has no idea how to be the father. He says 'I don't want to be the father. I don't know what a daddy does.' They said he has no idea what to do in that role and they do a lot of play-acting. He is very good artistically, and he used to draw very, very elaborately. They were usu-

ally me; it was amazing—very elaborate, tremendous details of the face, beautiful dresses, flowers, earrings. He would very rarely draw men, and when he did it was just nothing, a stick and blank face. No hands. I feel that it is now at a point where it is more than just changing behavior. I don't know; he often said, 'I want to be a girl.'

From the foregoing it is obvious that these boys prefer the clothing of girls, the companionship of girls, the games of girls, may show physical mannerisms of girls, usually take the role of a girl in family-type games, and may state their wish to be girls. From other interviews it was learned that boys of this kind do not get along well with boys, and avoid rough-and-tumble behavior and competitive games.

To what extent does such behavior exist in the normal population? It is commonly noted that occasional flirtations with such behavior are relatively common but they are transient and are not particularly emotionally charged—neither of the intensity nor the duration of cross-gender interest seen in these boys under discussion. We are currently gathering data on other control populations of boys not labeled feminine to determine parental reports of similar behavior in those boys. One study recently published[5] has looked at the incidence of feminine behavior in two control groups of boys: one a private school population and the other with psychiatric symptoms other than of gender identity. Doll-playing and feminine dressing were found in 12 percent of these two "control" groups, compared with the nearly 100 percent incidence of such behavior in the boys currently under study.

Etiology

Essentially, psychological theories about male homosexuality have consisted of excessive closeness between mother and son, a closeness infused with seductiveness and hostility, and a distant or hostile relationship between father and son. The father may be physically absent, psychologically absent though physically present (passive, ineffectual), or overbearing (the marine sergeant). Bieber succinctly summarized this constellation in his modal mother and father. Mother is close-binding and intimate and father is passive, distant or hostile. Unfortunately for theory (and for schizophrenics) similar descriptions have also been given for parents of male schizophrenics.[6]

We frequently find that the mothers of very feminine boys co-exist with their sons in a blissful symbiosis during the first few years of life. In this blissful relationship, which has been reported in detail by Stoller,[7,8] there is an unusual amount of physical and emotional closeness between the two, the son being held up against mother's body for hours at a time, day and night. Father has abdicated responsibility for family matters entirely to his wife. If not physically absent he is dynamically absent from family interaction. No one interferes with this blissful relationship between mother and son. Siblings are too far removed by age, father by disinterest.

Following are some pertinent excerpts from interviews:

Mother-son contact:

"I enjoyed holding him and he wasn't the kind of baby who pushed you off and was rigid. He was a very cuddly baby; he loved to be cuddled. I loved to give him a bath; I loved to put oil on him. I used to massage him and stretch his body out. I got pleasure from it; he got pleasure from it."

We frequently find the mothers to have been very tomboyish when they were younger, a characteristic first reported by Stoller.[7,8]

Mother: "I was a good runner, tree climber, a good football player. I desperately wanted to be a boy. I overtly wanted to be a boy."

Father-son contact:

Mother: "My son has never been close to his dad. My husband . . . had never been around children at all . . . I think he was scared of handling him and then my son rebuffed him and then my husband tended to pull back too."

Family interaction:

Doctor: "In terms of seeing decisions made about his life, who do you think your son feels is responsible?"

Mother: "It is all me . . . My husband views this as my domain and not his. He doesn't wish, he doesn't choose to make decisions in this whole area. . . . I am the one who grants permission and disciplines."

Characteristically, these parents are not concerned about the boy's behavior. They think it's

cute, a passing phase, and nothing to worry about. The boy's behavior elicits a laugh, and is thus reinforced. His mother would rather have him passive, cute and clean, than aggressive, rough-and-tumble, noisy, and dirty.

The foregoing statements about family interaction are descriptive of many but not all of the families we have seen.

We are trying to formalize these impressions and subject them to more systematic study, utilizing comparison families in which boys are developing appropriate masculine identifications. We are studying the comparative aspects of the boys' psychological and physical behavior and of styles of interaction between the parents. We are making systematic observations of the ways in which the families relate as a unit.

A clearer understanding of the early manifestations of anomalous gender and sexual behavior is desirable for several reasons: (1) It can point more clearly to causes as direct observations are made of interpersonal experiences occurring at the time of emergence of anomalous behavior; (2) it can serve as the basis for realistic guidance to parents and teachers as to which childhood gender-related behavior carries a high risk for the later emergence of anomalous sexual behavior; and (3) it can provide therapeutic intervention during a life period when change can be more readily effected. The suffering experienced by many adults as a result of sexual and gender behavior considered deviant in our culture points to the potential benefit of early recognition and intervention.

We hope to have the opportunity of collaborating with California physicians who have young patients with the clinical manifestations we have described.

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WHAT THE URINE TELLS ABOUT ECTOPIA LENTIS

"It is said that approximately 5 percent of all patients with ectopia lentis are homocystinurics, and that's a very high percentage. Any of you seeing spontaneous ectopia lentis, regardless of the patient's age, can do a very simple urinary test—the cyanonitroprusside test—which is really just a spot reaction for homocystine. It's also said that about 5 percent of ectopia lentis is true Marfan's syndrome and not homocystinuria; so this makes up 10 percent of all ectopia lentis. When you think that the vast majority are traumatic, it's soon apparent that spontaneous ectopia lentis should suggest either Marfan's syndrome or homocystinuria; and they can be differentiated by the urine test."

—IRWIN NYDICK, M.D., New York City

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